

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

---

Housing Authority of Owingsville - KY106  
Small PHA Plan Update  
Annual Plan for Fiscal Year: **2002**

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Housing Authority of Owingsville

**PHA Number:** KY106

**PHA Fiscal Year Beginning:** 04/2002

### PHA Plan Contact Information:

Name: Lance Davis

Phone: 606 -674-2704

TDD: 1 -800-648-6056

Email (if available): haol@ycnx.net

### Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

### PHA Programs Administered :

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## Annual PHA Plan Fiscal Year 2001

[24CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

### Contents

Page #

#### Annual Plan

- i. Executive Summary (optional)
- ii. Annual Plan Information
- iii. Table of Contents
  - 1. Description of Policy and Program Changes for the Upcoming Fiscal Year
  - 2. Capital Improvement Needs
  - 3. Demolition and Disposition
  - 4. Homeownership: Voucher Homeownership Program
  - 5. Crime and Safety: PHDEP Plan
  - 6. Other Information:
    - A. Resident Advisory Board Consultation Process
    - B. Statement of Consistency with Consolidated Plan
    - C. Criteria for Substantial Deviations and Significant Amendments

#### Attachments

- x Attachment A: Supporting Documents Available for Review
- x Attachment\_B\_: Capital Fund Program Annual Statement
- x Attachment\_b\_: Capital Fund Program 5 Year Action Plan
- ☐ Attachment\_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- ☐ Attachment\_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- x AttachmentD\_: Resident Membership on PHA Board or Governing Body
- x Attachment\_C\_: Membership of Resident Advisory Board or Boards
- x Attachment\_c\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plantext)
- x Other (List below, providing each attachment name)
  - Executive Summary ky106a02
  - Attachment E Voluntary Conversion P&E KY36 - P106-50101 ky106e02
  - Attachment F Deconcentration

### ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

See Attachment ky106a02

**1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan Update. n that are not covered in other sections of this

None

**2. Capital Improvement Needs**

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. x Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 107,708

C. x Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

**(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment ky106b02

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided imbedded in template.

**3.D Demolition and Disposition**

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes x No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description
---

<b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date application approved, submitted, or planned for submission:
5. Number of units affected:
6. Coverage of action (select one) Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

- A. ☐ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHA may skip to the next component PHA eligible for PH  
meetings specified requirements prior to receipt of PHDEP funds.

DEP funds must provide a PHDEP Plan

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$  
\_\_\_\_\_C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer  
question D. If no, skip to next component.D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_**6. Other Information**

[24CFR Part 903.79(r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename) ky106c02

3. In what manner did the PHA address those comments? (select all that apply)

☒ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is includedYes ☐ No: below or☒ Yes ☐ No: at the end of the RAB Comments in Attachment ky106c01.☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An  
explanation of the PHA's consideration is included at the end of the RAB Comments in  
Attachment \_\_\_\_\_.☐ Other: (list below)**B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)  
Commonwealth of Kentucky Statewide Plan2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan  
for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

### 3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

### 4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Housing Authority of Owingsville has included its residents in creating this agency plan and five -year plan previously. A continuing program of resident consultation has been implemented by the Authority. A six member Resident Advisory Board has been established to provide for close input to the Authority on the Annual Plan and contact with the residents maintained. The Authority is working toward establishing a learning center for its residents. The Authority will continue to maintain and modernize its 54 housing units. The mission of the Authority is: The Housing Authority of Owingsville is committed to providing quality, affordable housing, and services in an efficient and creative manner. It should be noted at this time the Housing Authority of Owingsville serves predominantly the very low income in the community.

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5 -year Plan:** The Housing Authority of Owingsville considers the following to be Substantial Deviations from the 5 -Year Plan:

1. Adding or deleting more than two Goals would be a substantial deviation to the 5 -year Plan.

**B. Significant Amendment or Modification to the Annual Plan:** The Housing Authority of Owingsville considers the following to be a Significant Amendment or Modification to the Annual Plan:

1. Change to rent or admission policies or organization of the waiting list.
2. Addition of non -emergency work items not included in the Annual Statement or 5 -Year Action Plan.

3. The Authority is setting a 25% threshold on Capital Fund revisions. This provision is in effect unless the Executive Director declares an emergency situation exists.

4. Can get in the use of any Replacement Reserve Fund.

5. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which include the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessment of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15);</li> <li>Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>Coordination with other law enforcement efforts;</li> <li>Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) Community Service Requirement Policy	Community Service



**Required Attachment D\_\_\_: Resident Member on the PHA Governing Board**

1. Yes x No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected  
☒ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis. The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

x Other (explain): Mayor Rister has appointed a new Board Member to fill the open position effective 1/1/02.

B. Date of next term expiration of governing board member: 09/24/2001  
position open

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor Clarence Rister

**Required Attachment \_\_\_ C \_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

1. Sue Ann Perry
2. Anita Sexton
3. Barbara Roark
4. Lola Johnson
5. Terri Crump
6. Winnie Lawson

**Required Attachment \_\_\_ E \_\_\_: Voluntary Conversion of Developments from Public Housing Stock, Required Initial Assessments**

a. How many of the PHA's developments are subject to the Required Initial Assessments? Two.

b. How many of the PHA's developments are not subject to the required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? None

c. How many Assessments were conducted for the PHA's covered developments? Two.

Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
------------------	-----------------

None	
------	--

**Required Attachment   F  : Deconcentration and Income Mixing**

- a. ☐ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Housing Authority of Owingsville		Grant Type and Number Capital Fund Program Grant No: <b>KY36-P106-50100</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)					
X Performance and Evaluation Report for Period Ending: <b>9/30/2001</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	21,112.40		21,112.40	21,112.40
3	1408 Management Improvements Soft Costs	4,160		4,160	4,160
	Management Improvements Hard Costs				
4	1410 Administration	2,985.11	985.11	985.11	985.11
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000	2,000	2,000	2,000
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	30,449.60	35,449.60	35,449.60	30,449.60
10	1460 Dwelling Structures	20,000		20,000	20,000
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment	21,854.89		21,854.89	21,854.89
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Housing Authority of Owingsville		Grant Type and Number Capital Fund Program Grant No: <b>KY36-P106-50100</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)					
X Performance and Evaluation Report for Period Ending: <b>9/30/2001</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	105,562	105,562	105,562	100,562
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

[illegible]

## Annual Statement/Performance and Evaluation Report

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

### PartIII: ImplementationSchedule

[illegible]

**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHAName		<input type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant: PHAFY:	WorkStatementforYear3 FFYGrant: PHAFY:	WorkStatementforYear4 FFYGrant: PHAFY:	WorkStatementforYear5 FFYGrant: PHAFY:
	Annual Statement				
TotalCFPFunds (Est.)					
TotalReplacement HousingFactorFunds					

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivities**

[illegible]

## CapitalFundProgramFive -YearActionPlan

### PartI:Summary

PHANameOwingsville				X Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:	WorkStat ementforYear3 FFYGrant:2004 PHAFY:	WorkStatementfor Year4 FFYGrant:2005 PHAFY:	WorkStatementfor Year5 FFYGrant:2006 PHAFY:
	Annual Stateme nt				
HAWide		42,708	42,708	42,708	42,708
KY106-01		65,000	0	27,500	65,000
KY106-03		0	65,000	37,500	0
TotalCFPFunds (Est.)		\$107,708	\$107,708	\$107,708	\$107,708
Total Replacement HousingFactor Funds					

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivities**

Activities for Year1	ActivitiesforYear:2003			ActivitiesforYear:2004		
		FFYGrant: PHAFY:			FFYGrant: PHAFY:	
	106-01	Roofing& Guttering	35,000	KY106-03	OfficeExpansion	25,000
		Airconditioning	20,000		Playground	25,000
		Playground	10,000		Airconditi oning	15,000
	HA-wide	Operations	35,208	HA-wide	Operations	35,208
		A/E,MC,AP	7,500		A/E,MC,AP	7,500
	Total		107,708			107,708

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivities**

Activities for Year1	ActivitiesforYear:2005 FFYGrant: PHAFY:			ActivitiesforYear:2006 FFYGrant: PHAFY:		
	KY106-03	AirConditioning	37,500	KY106-01	UnderslabPlumbing	65,000
	KY106-01	UnderslabPlumbing	27,500			
	HA-wide	Operations	35,208	HA-wide	Operations	35,208
		A/E,MC,AP	7,500		A/E,MC,AP	7,500
	Total	107,708			107,708	



## RESIDENT COMMENTS

---

The Housing Authority of Owingsville has engaged in an extensive process of seeking resident and public comments on our Agency Plan. In the course of compiling the Plan we engaged in the following process.

Attached are copies of the advertisement we ran, sign-in sheets from the public hearing, minutes of our meetings with the Resident Advisory Board, and other relevant information. A meeting with the Resident Advisory Board was conducted November 6, 2001. The air conditioning will start with 2001 funding on a limited basis. Air conditioning will be installed on the 12 one bedroom units at Gilmore Place. The Air conditioning of Barnard Heights has been rescheduled for 2004-2005. The windows at Gilmore place are to be done with 2002 funding as they are existing windows from 1966. The roofing and guttering at Gilmore Place will be replaced in 2003. The office expansion at Barnard heights has been delayed to 2004, because of the more pressing needs at Barnard Heights.

The residents were told of ongoing modernization at both Gilmore Place and Barnard Heights. Much of the concrete work has been completed and the remainder will be done in the Spring of 2002. Screen doors are scheduled to be installed in the Spring and Summer of 2002. The Resident Meeting with the Resident Advisory Board was attended by Sue Ann Perry, Barbara Roark, Anita Sexton, Winnie Lawson, Lola Johnson, Jo Ann Miller, Lance Davis, and Ed Cooper. In addition to the above plan items the residents were told about the settling condition of units 108, 110, and the old office at Gilmore Place. This will be corrected with the 2002 funding and a Laundromat will be installed in the old office for resident use. Ms. Lola Johnson was nominated by the Resident Advisory Board to serve on the Board of Commissioners. The public meeting is scheduled for December 12<sup>th</sup>, 2001 at 2:00 P.M.

The public meeting was conducted on December 12<sup>th</sup>, 2001. Attending the meeting were Lance Davis, Executive Director, and Ed Cooper of Consultants Plus, LLC. No residents attended the meeting. No changes were made to the plan. A Board meeting was rescheduled to January 15, 2002 to accept the plan.

## EXECUTIVE SUMMARY

---

The Housing Authority of Owingsville has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement to guide the activities of the Housing Authority of Owingsville: *The Housing Authority of Owingsville is committed to providing quality, affordable housing and services in an efficient and creative manner.*

We have also adopted the following goals and objectives for the next five years.

### FIVE-YEAR GOALS

The goals and objectives adopted by the Housing Authority of Owingsville are:

**Goal One:** Manage the Housing Authority of Owingsville's existing public housing program in an efficient and effective manner thereby qualifying as at least a standard performer.

**Objectives:**

1. HUD shall recognize the Housing Authority of Owingsville as a high performer by December 31, 2004.
2. The Housing Authority of Owingsville shall achieve and sustain an occupancy rate of 95% by December 31, 2004.

**Goal Two:** Enhance Marketability of the Housing Authority of Owingsville's public housing units.

**Objective:**

1. The Housing Authority of Owingsville shall become a more customer-oriented organization.

**Goal Three:** Deliver timely and high quality maintenance service to the residents of the Housing Authority of Owingsville.

**Objectives:**

1. The Housing Authority of Owingsville shall create an appealing, up-to-date environment in its developments by December 31, 2004.

2. The Housing Authority of Owingsville shall achieve and maintain an average response time of two days in responding to routine work orders by December 31, 2002.

**Goal Four** Enhance the image of public housing in our community.

**Objective:**

1. The Housing Authority of Owingsville shall ensure that all of its school age children are regularly attending school.

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

- Repair floor and plumbing at Units #108 and 110 Gilmore Place
- Install new energy efficient windows at Gilmore Place
- Increase Public Housing Reserves

In summary, we are on course to improve the condition of affordable housing in Owingsville.

Sincerely yours,

Lance G. Davis  
Executive Director

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Housing Authority of Owingsville		Grant Type and Number: KY36 - P106-50101 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	31,500		31,500	21,500
3	1408 Management Improvements Soft Costs	5,700		0	0
	Management Improvements Hard Costs				
4	1410 Administration	2,508		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,100		3,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement	37,900		37,900	25,400
10	1460 Dwelling Structures	20,000		0	0
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	0		0	0
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of Owingsville		Grant Type and Number: KY36 - P106-50101 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	107,708	107,708	72,400	46,900
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX Related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>									
PHAName: Housing Authority of Owingsville			<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36 -P106-50101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
PHAW	OPERATIONS		1406	1	31,500	31,500	31,500	21,500	69
PHAW	ADMINISTRATION/ADVERTISING		1410	1	2,508	2,508	2,508	0	0
PHAW	ARCHITECT/ENGINEER		1430	1	5,050	5,050	5,050	0	0
PHAW	MANAGEMENT CONSULTANT		1430	1	5,050	3,000	3,000	0	0
KY106-01	INSTALL CLEANOUTS		1450	11	2,200	2,200	2,200	2,200	100
KY106-01	IMPROVE PARKING		1450	1	24,000	24,000	24,000	17,000	71
KY106-01	INSTALL AIR CONDITIONING		1460	12	20,000	20,000	20,000	0	0
KY106-03	IMPROVE PARKING		1450	1	11,700	11,700	11,700	6,200	53
KY106-03	EXPAND OFFICE		1470	1	0	0	0	0	0
PHAW	SOFTWARE UPGRADE		1408	1	5,700	5,700	5,700	0	0

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Housing Authority of Owingsville			<b>Grant Type and Number</b> Capital Fund Program No: KY36 -P106-50101 Replacement Housing Factor No:			<b>Federal FY of Grant:</b> 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
PHAW	3/31/03			3/31/04			
KY106-01	3/31/03			3/31/04			
KY106-03	3/31/03			3/31/04			

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b> Housing Authority of Owingsville		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY3 6-P106-50102 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement</b> (revision no:     ) <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	32,000			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	408			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,300			
8	1440 Site Acquisition				
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	65,500			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,500			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	107,708			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				



**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHAName:</b> Housing Authority of Owingsville		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY3 6-P106-50102 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2002	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
	Amount of line XX Related to Security     --Soft Costs				
	Amount of Line XX related to Security     --Hard Costs				
	Amount of line 10 Related to Energy Conservation     Measures	48,000			
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName:Housing Authority of Owingsville		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36-P106-50102 Replacement Housing Factor Grant No:					<b>Federal FY of Grant:</b> 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
PHAW	OPERATIONS		1406	1	32,000				
PHAW	ADMINISTRATION-ADVERTISING		1410	1	408				
PHAW	ARCHITECT/ENGINEER		1430	1	3,000				
PHAW	MANAGEMENT CONSULTANT		1430	1	4,300				
KY106-01	REPLACE WINDOWS		1460	120	48,000				
KY106-01	REPAIR SETTLEMENT DAMAGE		1460	3	10,000				
KY106-01	INSTALL NEW SCREEN DOORS		1460	30	7,500				
PHAW	EQUIPMENT: POWER WASHER, CHAINSAW, MOWER		1475	3	2,500				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]